POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	LW	68904	2/17/00
O.I.P.E. CLASSIFIER		49	3/7/00
FORMALITY REVIEW	SH	60245	1-10-0
RESPONSE FORMALITY REVIEW	SH	60245	10-3-~

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
−	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim			Date					Claim			Date					Claim			Date				
Final	Original	2/19/03	10/19/03					Final	Original							Final	Original						
	1	✔	✔						51								101						
	2								52								102						
	3								53								103						
	4								54								104						
	5								55								105						
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	23								73								123						
	24	✔	✔						74								124						
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	47								97								147						
	48								98								148						
	49								99								149						
	50								100								150						

If mor than 150 claims or 10 actions
staple additional sheet here

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